

H9/2008 PATENT 01

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	)	Title: Treatment of Symptoms of Asthma, Allergies and Otitis Media
McMichael et al.	ý	Group Art Unit: 1633
Serial No: 09/495,186	)	·
Filed: February 1, 2000	)	Examiner: Wilson

AMENDMENT TRANSMITTAL WITH PETITION FOR EXTENSION OF TIME

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APR 2 5 2001

TECH CENTER 1600/2900

Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment for the above application.

### **CERTIFICATE OF MAILING (37 CFR 1.8)**

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on **April 18, 2001**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

04/23/2001 JADDO1

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01 FC:217

445.00 OP

Jeffey S. Sharp

1. Small Entity Status	ıs
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 $\square$  Verified statement(s) claiming small entity status is(are) attached.

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Small entity status has been established and is still effective.

**TECH CENTER 1600/2900** 

☐ Has not been established.

#### 2. Extension of Time

This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY	FEE FOR SMALL ENTITY		
One Month	\$110.00		\$55.00	
Two Months	\$390.00		\$195.00	
Three Months	\$890.00	X	\$445.00	
Four Months	\$1,390.00		\$695.00	
Fifth Month	\$1,890.00		\$945.00	

If an additional Extension of Time is required, please consider this a petition therefor.

	Extension Fee: \$	\$ <u>445.00</u>
An extension for already been secured and t \$ is deducted the total months of extension	from the total fee due for	
	Deduction: \$	

Extension Fee Due With This Request \$445.00

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### 3. Fee for Claims

The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below. ENTER 1600/2900

		SMALL ENTITY		OTHER THAN A SMALL ENTITY				
	Claims Remaining After Amendment		est No. ly Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	20	MINUS	20	= 0	X 9=	\$0.00	X18=	\$
INDEP.	3	MINUS	3	= 0	X40=_	\$0.00	X80=	\$
□ First Presentation of Multiple Dependent Claim +135=			\$0.00	+270=	\$			
TOTAL ADDITIONAL FEE			\$0.00	OR	\$			

## 4. Method of Payment of Fees

×	Attached is a check in the amount of:		\$ <u>445.00</u>
0	Charge Deposit Account No. 13-2855 in the amount of:	•	\$

# 5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, O'Toole, Gerstein, Murray & Borun at the address below.

Respectfully submitted,

MARSHALL, O'TOOLE, GERSTEIN, MURRAY & BORUN 6300 Sears Tower 233 South Wacker Drive Chicago, Illinois 60606-6402 (312) 474-6300

By:

Jeffrey S. Sharp

Reg. No: 31,879

April 18, 2001